

APPLICATION FOR TRAFFIC VIOLATOR SCHOOL (TVS) OPERATOR LICENSE

| | (NONREFUNDABLE) | FOR DEPARTMENT USE ONLY | |
|--|---|--|-------------------------------|
| APPLICATION FEE— | | DATE PERMIT IS | SUED DATE PERMIT EXPIRES |
| Before submitting application, please read | d "Traffic Violator School Program | TOTAL FEE | RECEIPT NO. |
| Handbook | | ISSUED BY | |
| NAME (FIRST, MIDDLE, LAST) | | | |
| RESIDENCE ADDRESS | CITY | ZIP CODE | DAYTIME CONTACT PHONE NO. |
| RESIDENCE ADDRESS | | ZIF CODE | DATTIME CONTACT FROME NO. |
| SCHOOL | | | |
| SCHOOL ADDRESS | CITY | ZIP CODE | PHONE NO. |
| NAME OF SCHOOL OWNER | | | |
| BUSINESS OFFICE HOURS | | | |
| | CERTIFICATION BY APPLICANT | | |
| of Traffic Violator School laws in the Vehic for the revocation or suspension of any application. | Traffic Violator School operator licen | se issued as | |
| I agree to notify the department in writing | of any subsequent changes on this ap | oplication. | |
| I understand that the fee paid for this app | olication is not refundable, whether or r | ot a license i | s issued. |
| I certify that I am the operator of the name 500 | ed Traffic Violator School, that I am 18 | years of age | or older and have completed |
| hours teaching in a licensed Traffic Violat (Attach evidence of 500 hours of instructi | | hicle Code S | ection 11202.5(a)(3) and (4). |
| I certify under penalty of perjury under this document is true and correct. | er the laws of the State of California | that the info | ormation entered by me on |
| | SIGNATURE X | | |
| | EMPLOYER'S CERTIFICATION | | |
| SCHOOL NAME | | LICENSE NUMBER | |
| DATE | EXECUTED IN THE COUNTY OF | TVS | STATE OF |
| I hereby certify that I am the authorize to employ the above named applicant a the Department of Motor Vehicles. | | | |
| AUTHORIZED REPRESENTATIVE (PRINT) | | TITLE (I.E., CORPORATE OFFICER, OWNER) | |
| AUTHORIZED SIGNATURE | | DATE | |
| Y | | | |